


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90037 032 \*\*\*150.00

<b>DOCUMENT # P21440</b> 1. Entity Name <b>VICTORIA FIRE &amp; CASUALTY COMPANY</b>	
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Principal Place of Business <b>5915 LANDERBROOK DRIVE CLEVELAND OH 44124 US</b>	Mailing Address <b>5915 LANDERBROOK DRIVE CLEVELAND OH 44124 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>34-1394913</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUELLER, ROBERT <input checked="" type="checkbox"/> Delete 5915 LANDERBROOK DRIVE CLEVELAND OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METZ, JOSEPH <input type="checkbox"/> Delete 5915 LANDERBROOK DRIVE CLEVELAND OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, RAY <input checked="" type="checkbox"/> Delete 5915 LANDERBROOK DRIVE CLEVELAND OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSSI, ASSUNTA <input checked="" type="checkbox"/> Delete 5915 LANDERBROOK DRIVE CLEVELAND OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President - John Burkhalter</b> 5915 Landerbrook Drive Cleveland, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer - Joseph DuBois</b> 5915 Landerbrook Drive Cleveland, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary - Glenn Soden</b> One Nationwide Plaza Columbus, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President - Assunta Rossi</b> 5915 Landerbrook Drive Cleveland, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Metz Date: 3/16/04 Daytime Phone #: 800-888-8424